



NEW CUSTOMER APPLICATION FORM

COMPANY INFORMATION

NAME ADDRESS
CITY STATE ZIP CODE
FEDERAL ID# YEARS IN BUSINESS PHONE FAX
PRINCIPALS D&B

PRIMARY PURCHASING CONTACT

NAME EMAIL
PHONE FAX

ACCOUNTS PAYABLE CONTACT

NAME EMAIL
PHONE FAX
BILLING ADDRESS
CITY STATE ZIP CODE
SEND INVOICES BY: EMAIL MAIL
PREFERRED METHOD OF PAYMENT: ACH CHECK WIRE TRANSFER OTHER

SHIPPING INFORMATION

SHIP TO ADDRESS (unless same as billing address)
CITY STATE ZIP CODE
PREFERRED CARRIER:
SMALL SHIPMENTS: UPS FEDERAL EXPRESS OTHER ACCOUNT #
LARGE SHIPMENTS: UPS FEDERAL EXPRESS OTHER ACCOUNT #
SPECIAL SHIPPING INSTRUCTIONS

FOR INTERNATIONAL CUSTOMERS

BROKER NAME
CONTACT NAME PHONE

TRADE REFERENCES

COMPANY NAME CONTACT
ADDRESS PHONE
COMPANY NAME CONTACT
ADDRESS PHONE
COMPANY NAME CONTACT
ADDRESS PHONE

BANK INFORMATION

BANK NAME ACCOUNT #
CONTACT NAME PHONE NUMBER

FORM FILLED BY... (NAME,DATE AND TITLE):

To avoid any discrepancies we request you to complete this form on a computer. Handwritten forms might take longer to process